




COPY OF PAPERS  
ORIGINALLY FILED

TECH CENTER 1600/2900

AUG 08 2002

RECEIVED

#12  
JEL  
8/15/02

<b>NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES</b>		Docket Number: HME/7982.001
In re Application of Sharon F. Kleyne		
Application Number: 09/614,790	Filed: July 12, 2000	
For: METHOD AND KIT FOR MOISTURIZING THE SURFACE OF THE EYE		
Group Art Unit 1617	Examiner: Michael A. Willis	
<p>Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision of the examiner dated May 1, 2002, rejecting claims: 75 to 82.</p> <p>The fee for this Notice of Appeal is (37 C.F.R. 1.17(b): <span style="float: right;">\$320</span></p> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 C.F.R. 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: <span style="float: right;">\$160</span></p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 50-1773. I have enclosed a duplicate copy of this sheet.</p> <p><input type="checkbox"/> A petition for an extension of time under 37 C.F. R. 1.136(a) (PTO/SB/22) is enclosed.</p> <p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <p>I am the:</p> <p><input type="checkbox"/> applicant.</p> <p><input type="checkbox"/> assignee of record of the entire interest.</p> <p><input checked="" type="checkbox"/> attorney or agent of record.</p> <p><input type="checkbox"/> attorney or agent acting under 37 CFR 1.34(a) Registration number if acting under 37 CFR 1.34(a) _____</p> <div style="text-align: right;"> _____ Signature</div> <div style="text-align: right;">Howard Eisenberg Reg. No. 36,789 _____ Typed or printed name</div> <div style="text-align: right;">July 25, 2002 _____ Date</div>		

08/01/2002 R000001 00000042 09614790

01 FC:219

160.00 0P



COPY OF PAPERS  
ORIGINALLY FILED

TECH CENTER 1800/2900

AUG 08 2002

RECEIVED

FEE TRANSMITTAL for FY 2002 <i>Patent fees are subject to annual revision.</i>		Complete if Known	
TOTAL AMOUNT OF PAYMENT \$160		Application Number	09/614,790
		Filing Date	July 12, 2000
		First Named Inventor	Kleyne, Sharon
		Examiner Name	Michael Willis
		Group/ Art Unit	1617
		Attorney Docket No.	HME/7982.001
METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)	
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge the indicated fees and credit any over payments to: Deposit Account Number <u>50-1773</u> Deposit Account Name <u>Howard Eisenberg</u> <input checked="" type="checkbox"/> Charge any additional fee required under 37 CFR 1.16 & 1.17 <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		3. ADDITIONAL FEES Large Entity Small Entity Fee Fee Fee Fee Fee Description Fee Paid Code (\$) Code (\$) Code (\$) Code (\$) Code (\$) 105 130 205 65 Surcharge - late filing fee or oath 127 50 227 25 Surcharge-late provisional filing fee or cover sheet 139 130 139 130 Non-English specification 147 2,520 147 2,520 For filing a request for ex-parte reexamination 112 920* 112 920* Requesting publication of SIR prior to Examiner action 113 1840* 113 1840* Requesting publication of SIR after Examiner action 115 110 215 55 Extension for reply within first month 116 400 216 200 Extension for reply within second month 117 920 217 460 Extension for reply within third month 118 1,440 218 720 Extension for reply within fourth month 128 1,880 228 980 Extension for reply within fifth month 119 320 219 160 Notice of Appeal 120 320 220 160 Filing a brief in support of an appeal 121 280 221 140 Request for oral hearing 138 1,510 138 1,510 Petition to institute a public use proceeding 140 110 240 55 Petition to revive - unavoidable 141 1,280 241 640 Petition to revive - unintentional 142 1,280 242 640 Utility issue fee (or reissue) 143 480 243 230 Design issue fee 144 620 244 310 Plant issue fee 122 130 122 130 Petitions to the Commissioner 123 50 123 50 Processing fee under 37 CFR 1.17(q) 128 180 126 180 Submission of Information Disclosure Stmt. 581 40 581 40 Recording each patent assignment per property (times number of properties) 146 740 246 370 Filing a submission after final rejection (37 C.F.R. 1.129(a)) 149 740 249 370 For each additional invention to be examined (37 C.F.R. 1.129(b)) 179 740 279 370 Request for Continued Examination (RCE) 169 800 169 900 Request for expedited examination of a design application Other (specify) _____	
2. <input checked="" type="checkbox"/> Payment Enclosed <input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other			
FEE CALCULATION			
1. BASIC FILING FEE Large Entity Small Entity Fee Fee Fee Fee Fee Description Fee Paid Code (\$) Code (\$) Code (\$) Code (\$) Code (\$) 101 740 201 370 Utility filing fee 108 330 208 165 Design filing fee 107 510 207 255 Plant filing fee 108 740 208 370 Reissue filing fee 114 160 214 80 Provisional filing fee SUBTOTAL (1) \$0			
2. EXTRA CLAIM FEES Total Claims <u>8</u> -43** = <u>0</u> x <u>9</u> = <u>0</u> Indep. Claims <u>1</u> -5** = <u>0</u> x <u>42</u> = <u>0</u> Multiple Dependent _____ = <u>0</u> *or number of previously paid, if greater. For reissues, see below. Large Entity Small Entity Fee Fee Fee Fee Fee Description Code (\$) Code (\$) Code (\$) Code (\$) Code (\$) 103 18 203 9 Claims in excess of 20 102 84 202 42 Independent claims in excess of 3 104 280 204 140 Multiple dependent claim, if not paid 109 84 209 42 **Reissue independent claims over original patent 110 18 210 9 *Reissue claims in excess of 20 and over original patent SUBTOTAL (2) \$0			
		SUBTOTAL (3) \$160	
SUBMITTED BY		Complete (if applicable)	
Name (print type)	Howard Eisenberg, Esq.	Registration No.	36,789
Signature		Telephone	(503) 227-5631
		Date	July 25, 2002



COPY OF PAPERS  
ORIGINALLY FILED

\$ AF 1617

<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)		<b>Application Number</b>	09/614,790
		<b>Filing Date</b>	July 12, 2000
		<b>First Named Inventor</b>	Kleyne, Sharon
		<b>Group Art Unit</b>	1617
		<b>Examiner Name</b>	Michael Willis
<b>Total Number of Pages in this Submission</b>	5	<b>Attorney Docket Number</b>	HME/7982.001

TECH CENTER 1600/2800

AUG 08 2002

RECEIVED

<input checked="" type="checkbox"/> Fee Transmittal Form (dup.) <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavit(s)/Declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Part(s)/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an application) <input type="checkbox"/> Drawings <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition To Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Additional Enclosure(s) (please identify below)
Remarks:		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual Name	Howard M. Eisenberg 1600 ODS Tower, 601 SW Second Ave Portland, OR 97204-3157
Signature	
Date	July 25, 2002

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date.	
Type or print name	Howard Eisenberg
Signature	
Date	July 25, 2002